

This request is for approval to hire ESL-Certified instructors in lieu of bilingual teachers. This request does not apply to Spanish bilingual programs.

INSTRUCTIONS: Complete two copies. Retain one copy for districts files. Return **original** with appropriate attachments to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION BILINGUAL-BICULTURAL EDUCATION P.O. BOX 7841 MADISON, WI 53707-7841

School Year for which the exemption is to begin	each year.	Note: Approval will be kept on file at the department and will not need to be resubmitt each year.	
	GENERAL INFORMATION		
School District	Mailing Address Street, City, State, 2	Zip	
Contact Person	Title	Telephone Area/No.	
VE HEREBY request an exemption from the sta	tutory requirement to provide		
	Name(s) of language(s) here		
Bilingual teacher(s) for programs under s.115.97 circumstances which provide evidence of our ong	(5) (a-b), Wis. Stats. We have attached a descri going, good faith effort to find a fully certified bilin	iption of the specific program(s) and of gual teacher for the program(s).	
	SIGNATURES		
Name of Program Administrator <i>Type or Print</i>			
Signature of Program Administrator		Date Signed	
	For DPI Use		
D			
Approved	Approved Provide Explanation:		
Signature of DPI Program Administrator/Designe	e	Date Signed	